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United States Patent & Trademark Office
Credit Card Payment Form
Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type: Visa

Credit Card Account #: [REDACTED] (LR)

Credit Card Expiration Date: January, 2007

Name as it Appears on Credit Card: Julie Reed

Payment Amount: \$(US Dollars): \$770

Signature: Julie L Reed

Date: 9-29-04

Refund Policy: The Office may refund a fee paid by mistake or in excess of the required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).

Credit Card Billing Address

Street Address 1: MARGER JOHNSON & McCOLLOM, P.C.

Street Address 2: 1030 SW MORRISON STREET

City: PORTLAND

State: OREGON Zip/Postal Code: 97205

Country: UNITED STATES OF AMERICA

Daytime Phone #: (503) 222-3613 Fax #: (503) 274-4622

Request and Payment Information**Description of Request and Payment Information:**

RCE

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/325,189	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. 8371-054		Identify or Describe Mark	

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